



# INDIANA CONSERVATION STAFF PERFORMANCE APPRAISAL REPORT

Name of employee, Last, First, MI:				Social Security number						
Name of state agency: IDNR, Law Enforcement				Org code						
Class title and class code of employee:				Review period (month / year)						
Type of Evaluation	<input type="checkbox"/>	Annual	<input type="checkbox"/>	3-Month	<input type="checkbox"/>	6-Month	<input type="checkbox"/>	Follow-up	<input type="checkbox"/>	Other

### Instructions

For each applicable responsibility, assign the most suitable performance rating. Substantiate ratings of 'Unsatisfactory' on the Comments Report

		Satisfactory		Unsatisfactory		Not applicable
		Satisfactory		Unsatisfactory		Not applicable
		Satisfactory		Unsatisfactory		Not applicable
		Satisfactory		Unsatisfactory		Not applicable
		Satisfactory		Unsatisfactory		Not applicable
		Satisfactory		Unsatisfactory		Not applicable
Overall Performance		Satisfactory		Unsatisfactory		

		Satisfactory		Unsatisfactory		Not applicable
		Satisfactory		Unsatisfactory		Not applicable
		Satisfactory		Unsatisfactory		Not applicable
		Satisfactory		Unsatisfactory		Not applicable
		Satisfactory		Unsatisfactory		Not applicable
		Satisfactory		Unsatisfactory		Not applicable
		Satisfactory		Unsatisfactory		Not applicable
Overall Performance		Satisfactory		Unsatisfactory		

		Satisfactory		Unsatisfactory		Not applicable
		Satisfactory		Unsatisfactory		Not applicable
		Satisfactory		Unsatisfactory		Not applicable
		Satisfactory		Unsatisfactory		Not applicable
		Satisfactory		Unsatisfactory		Not applicable
		Satisfactory		Unsatisfactory		Not applicable
		Satisfactory		Unsatisfactory		Not applicable
Overall Performance		Satisfactory		Unsatisfactory		

### General Responsibilities

Overall Job Knowledge and Skill		Satisfactory		Unsatisfactory		Not applicable
Dependability		Satisfactory		Unsatisfactory		Not applicable
Motivation		Satisfactory		Unsatisfactory		Not applicable

Employee Initial		Evaluator Initial		Superior Initial		
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### General Responsibilities Continued

Personal Appearance		Satisfactory		Unsatisfactory		Not applicable
Equipment Appearance / Maintenance		Satisfactory		Unsatisfactory		Not applicable
Composure / Stability		Satisfactory		Unsatisfactory		Not applicable
Radio Communications		Satisfactory		Unsatisfactory		Not applicable
Service & Public Relations		Satisfactory		Unsatisfactory		Not applicable
Inter-Departmental / Agency Relations		Satisfactory		Unsatisfactory		Not applicable
Follows Proper Procedures / Judgment		Satisfactory		Unsatisfactory		Not applicable
Overall General Responsibility Performance		Satisfactory		Unsatisfactory		

<b>Total Overall Job Performance</b>		Satisfactory		Unsatisfactory	
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Signature of Employee	Date signed	Signature of Evaluator	Date signed
I hereby certify that I have had an opportunity to review this report and Understand that I am to receive a copy. I am aware that my signature does not Necessarily mean that I agree with the rating.		I hereby certify that this rating report constitutes my best judgment of the Service performed by this employee for the review period covered.	

Signature of Superior	Signature of Appointing Authority
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